No. 2
-1/47
-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18576

Primary Registration District No. 1003

Registrar's No. 5666

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 E. Primm St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E. Primm St. 9
(If rural, give location) /
(e) Citizen of foreign country no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph E. Ball

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth A. Ball

6. (c) Age of husband or wife, if alive 72 years

7. Birth date of deceased January (Month) 12 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Orlando Ball

13. Birthplace (City, town, or county) Ohio (State or foreign country) /

14. Maiden name Mattie Niedler

15. Birthplace (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant Elizabeth A. Ball
(b) Address 311 E. Primm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) JUN 9 1947 (Date received local registrar) (b) J. E. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 2-47, 19 to June 7, 1947
that I last saw him alive on June 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Endocarditis	4 da.
Due to Chronic Interstitial Nephritis	2 yrs.
Due to Uremia	3 days
Anemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. A. Mulach (M. D. or other)
Address 7405 Michigan Date signed 6/7/47
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

A. A. Mulach

Jefferson City Printing Co.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.